



**Tufts Medical Center
Lemuel Shattuck Hospital**



Transitional Year Residency Program

TY Resident Supervision Policy

PURPOSE:

To define a minimum standard of supervision by attending physicians holding appropriate clinical privileges. The primary objective of the Transitional Year program is to impart an educational experience while assuring safe administration of patient care.

I. Introduction

This Policy establishes hospital-wide Supervision Policies for TY Residents sponsored by Tufts Medical Center and its affiliates Lemuel Shattuck Hospital, and Lahey Clinic, and other GME Programs participating in the training of Tufts TY Residents.

II. Supervision by Members of the Medical Staff

At all times and training sites, TY Residents must be supervised by a Senior Resident and/or member of the medical staff of the hospital or other site at which the TY Residents is assigned. The medical staff member must have a current Full License issued by the Massachusetts Board of Registration in Medicine, must have the proper credentials required for the medical staff membership at the site, and have clinical privileges appropriate to their medical specialty and the specialty in which they are offering supervision. Such supervision may be on-site, or on-call, but clearly defined by each clinical program.

The supervision process must allow for each TY Residents to progressively assume increasing patient care responsibilities according to the TY Residents level of education, ability and experience.

The level of responsibility assumed by each TY Residents must be determined by the teaching staff /supervisory staff and must be based on written descriptions of the roles and responsibilities of the TY Residents.

Written descriptions of the evaluation or assessment instruments used to determine each Trainee's readiness and competency to assume assigned levels of clinical responsibilities must be clearly documented.

I. Documentation

1. TY Residents are permitted to make entries into the medical record. Admission assessments, including history and physical examinations must be countersigned upon review by an attending within 24 hours. The attending must always enter an attending admission note plan and make amendments to the TY Resident note where indicated.
2. Progress notes may be executed by the TY Resident. Medical records of the patients cared for in the Intensive Care Unit will have evidence of attending staff review of the clinical progress documented in the progress notes on a daily basis.
3. Discharge summaries may be dictated by the TY Resident. Summaries will be reviewed and signed by the attending.

II. Patient Assessment

1. TY Residents may initiate, under supervision of the senior resident and/or the attending, diagnostic studies and consultative requests. All studies and consultative requests for such orders will be reviewed by the attending physician.
2. Rotating TY Residents in subspecialty electives may initiate a consultation evaluation and response. All such evaluations will be reviewed and cosigned by the supervising specialty.
3. TY Residents may evaluate ambulatory/ER patients. Cases will be reviewed by an attending.

III. Treatment

1. Medical care and non-invasive procedures

TY Residents may initiate, under supervision, medication and other treatment orders. Sr. Resident and Attending staff will monitor the clinical care provided by TY Residents through patient care rounds, chart review and direct independent patient assessment. Attending staff may allow progressive trainee independence based on observed evidence of clinical competence.

2. Invasive Procedures

1. Ward - TY Residents will be allowed to perform invasive procedures commensurate with their assessed experience and capabilities. Ability to perform procedures will be evaluated and documented quarterly in a procedure log kept in the TY Resident file.
2. Operating Room – Procedures performed in the operating suite require the presence of an appropriately credentialed member of the medical staff (excluding certain procedures, or parts of procedures, also appropriate to a non-OR setting).

IV. Transitional Year Program Director shall maintain written procedures outlining the process of assessment; documentation and implementation of progressive involvement and independence of TY Residents in specific patient care activities.

V. Patient Safety

Patient Safety issues will be addressed through existing Medical Staff and Hospital Peer Review mechanisms.

- VI. The Director of Medical Education will report to the Medical Staff no less than twice a year regarding the safety and quality of patient care provided by, and the related educational and supervisory needs of, the participants in professional graduate education programs. Reports to the Medical Executive Committee and any related actions will be submitted to the governing body.
- VII. Graduate education will comply with those standards set forth by Graduate Medical Education at Tufts Medical Center and Accredited Commission of Graduate Medical Education (ACGME).

Date Originated: June 1999
Date Revised: March 2002
October 2005
June 2008